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A Theoretical Approach to Financial Therapy: The Development of the Ford Financial Empowerment Model

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The purpose of this paper is to introduce an integrative approach to working with clients experiencing problems related to financial disempowerment. The multi-stage model integrates three theoretically-driven psychotherapy approaches, including cognitive behavioral, narrative, and Virginia Satir's experiential therapies, and financial counseling techniques to increase one's sense of financial empowerment. A case study is included to demonstrate the applicability and effectiveness of the model.

Keywords: Ford; empowerment; financial therapy; financial counseling; financial empowerment; cognitive-behavioral therapy; narrative therapy; experiential therapy

Josie, a middle-aged married woman and mother, comes to you (a financial therapist) for financial help. She grew up in the Filipino culture, one that may be far different from your own, and is trying to assimilate to the American way of life. Furthermore, this client is the sole provider for her family in the United States and a significant financial provider for family who reside in her home country of the Philippines. Josie is feeling overwhelmed with her financial responsibilities. She is financially stressed and feels disempowered by her lack of financial means, financial knowledge, self-confidence, and assertiveness with money. It is clear that Josie is not only in financial

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distress, but she is also experiencing some emotional and mental distress. Providing comprehensive financial therapy to clients experiencing both financial and mental health difficulties can be challenging, particularly if you lack one of the areas of expertise needed to work with a client like Josie.

Although financial therapy has been conceptualized as the integration of cognitive, emotional, behavioral, relational, and economic aspects of financial health (Financial Therapy Association, 2011), financial planners have very little to no training to help clients with the emotional and relational factors related to finances (Klontz, Kahler, & Klontz, 2008). These professionals often have limited empirical and theoretical grounding in their work with clients who are challenged with financial behavior issues (Archuleta & Grable, 2010). In other words, traditional financial professionals may not have the tools necessary to provide a comprehensive and consistent way of working with their clients. Conversely, mental health professionals who are trained to deal with emotional and relational issues, have little to no training on financial issues. They might work from a wide assortment of theoretically-informed approaches, but most lack the financial knowledge, education, and skills needed to help clients who exhibit poor financial behaviors and report financial stress.

The purpose of this paper is to begin building a theoretical body of knowledge for those practicing financial therapy by introducing a theoretical framework integrating financial practices and relational therapies that can be used with clients presenting financial empowerment issues, like Josie. The proposed theoretical model for financial empowerment integrates cognitive-behavioral, narrative, and Satir's experiential therapies along with some financial counseling techniques (Beck, 1976; Freedman & Combs, 1996; Satir, 1972; Satir & Baldwin, 1983; White & Epston, 1990; Wright, Basco, & Thase, 2006). Cognitive-behavioral, narrative, and experiential therapy models are popular models used in family therapy, as well as in other psychotherapy fields, and all highlight the collaboration between practitioners and clients. The working therapeutic relationships in all three models contain elements of equality, partnership, and alliance. Although each model has a similar end goal of creating new ways of thinking and feeling, the process of getting to that goal is different in each model. The cognitive-behavioral approach involves the exploration of thinking, feeling, and behaving, with cognitions and behaviors being the main focus (Beck, 1976; Wright et al., 2006). Narrative therapy examines the self-defeating thoughts that can lead to problem-saturated stories and focuses on "re-storying" or "cognitively altering" these self-defeating thoughts in order to form more empowering life stories (Freedman & Combs, 1996; White & Epson, 1990). Virginia Satir's experiential therapy emphasizes the feelings and emotions that are deemed the portals to change (Satir, 1972; Satir & Baldwin, 1983). Each model's focus, although different, can be integrated, by one model building upon the previous quite naturally.

To describe integration of this model, we begin by defining empowerment as it relates to financial health and how each of the three types of theoretically-driven therapy models (i.e., cognitive-behavioral, narrative, and Virginia Satir's experiential therapies) views empowerment. This discussion is followed by a case study to describe the proposed Ford Financial Empowerment (FFEM) Model based on the three therapy models and basic

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financial techniques. The FFEM Model includes four stages, the Preparation Stage and Stages One through Three.

EMPOWERMENT AND FINANCIAL HEALTH

An empowerment-based therapy approach has long been recognized as an ideal approach for working with marginalized groups. However, the application of empowerment on improving financial health has focused primarily on community-based microlending programs to enhance financial independence for women in developing countries (e.g., Vonderlack-Navarro, 2010). We extend the application of empowerment in finance to include empowerment in the process of financial therapy.

To empower is to help individuals who feel inadequate in handling a situation to discover the capabilities that reside within them. Blanchard, Carlos, and Randolph (2001) described the facilitation of empowerment as a process that makes it possible for individuals to recognize and gain complete access to their internal power, security, and influence. Facilitating empowerment makes it possible for individuals to utilize that power and strength when engaging with themselves, others, and with society and its various institutions (Blanchard et el., 2001). The proposed Ford Financial Empowerment Model views the process of facilitating empowerment within therapy in similar ways. From a strengths-based and humanistic perspective, like within Virginia Satir's experiential therapy, the belief is that it is possible for clients to already have power and security within themselves (Nichols & Schwartz, 2007; Satir, 1972; Satir & Baldwin, 1983). Similarly, the FFEM approach to financial therapy described here corroborates the notion that clients are strong and resourceful and have the ability to be creative, productive, and motivated. Empowering clients involves facilitating a process in which clients can begin to assert themselves and more fully utilize their inherent strength. While empowerment appears to be rather straightforward, it is important to keep in mind that empowerment tends to emphasize individualism and other traditionally masculine concepts, like mastery, agency, and control (Riger, 1993). Thus, empowerment may be quite different for clients from more collectivistic cultures, like the Filipino culture. For these clients, the concepts of "communion" or "existing as part of a greater whole" will need to be integrated into the helping process, one which typically focuses on self-assertion and self-expansion (Riger).

Persons of collectivistic cultures come to develop an identity, or a self, that is connected to their families, communities, and also the culture in which they are embedded (Knudson-Martin, 2002). The sense of self is in contrast to a self that involves separation and independence, synonymous with individualistic cultures, like the United States. Work involving empowerment in culturally-diverse groups needs to be defined in terms of the connected self, rather than traditional notions of the separate self. Thus, facilitating empowerment with clients of collectivistic cultures would mean helping them strike a balance between togetherness and independence and helping them see that their personal efforts positively impact those that surround them.

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THEORETICAL VIEW OF EMPOWERMENT

In order to apply the Ford Financial Empowerment Model (FFEM) in financial therapy, it is first necessary to establish how each theoretical model might view disempowerment. In general, feeling disempowered can manifest itself in many different ways. Through a cognitive-behavioral lens, a lack of empowerment could be understood as perpetual negative automatic thoughts and schemas that cause clients to feel helpless, powerless, and hopeless, which in turn can prompt them to act according to these negative beliefs about themselves and their abilities (Beck, 1976; Wright et al., 2006).

From a narrative therapy standpoint, the lack of empowerment could be seen as a negative, inescapable story that clients have constructed about themselves or about the world in which they live. They have internalized the external ideas about power, influence, and worth, making them feel that they, themselves, are disempowered (Freedman & Combs, 1996; White & Epson, 1990).

From an experiential vantage point, a lack of empowerment may stem from the lack of experience with empowerment, a fear about change, and the suppression of feelings and emotions related to empowerment, such as worth, esteem, security, confidence, and courage (Satir, 1972; Satir & Baldwin, 1983). Based on these views about empowerment, we proceed by introducing each type of therapy in the theoretical framework, highlighting relevant interventions for financial therapy, and applying the FFEM model to the case study of Josie.

THE FORD FINANCIAL EMPOWERMENT MODEL AND ITS APPLICATION

A case study is utilized to portray how the FFEM Model was applied to an actual financial therapy case involving Josie, who was introduced at the outset of the paper. To protect confidentiality of the client, names and demographic information have been changed. It is important to note that informed consent was obtained to use this client's story.

Descriptions of the Preparation Stage, as well as Stages One, Two, and Three, are given. Within each section, the application of the Model is explained, focusing on Josie's primary presenting issues. As depicted in Figure 1, Stage One utilized both the cognitive-behavioral framework and basic financial counseling techniques. Narrative and experiential interventions were utilized in Stage Two, which tapped into underlying issues that manifested as poor financial behaviors. The final stage, Stage Three, prepared Josie for termination of financial therapy.

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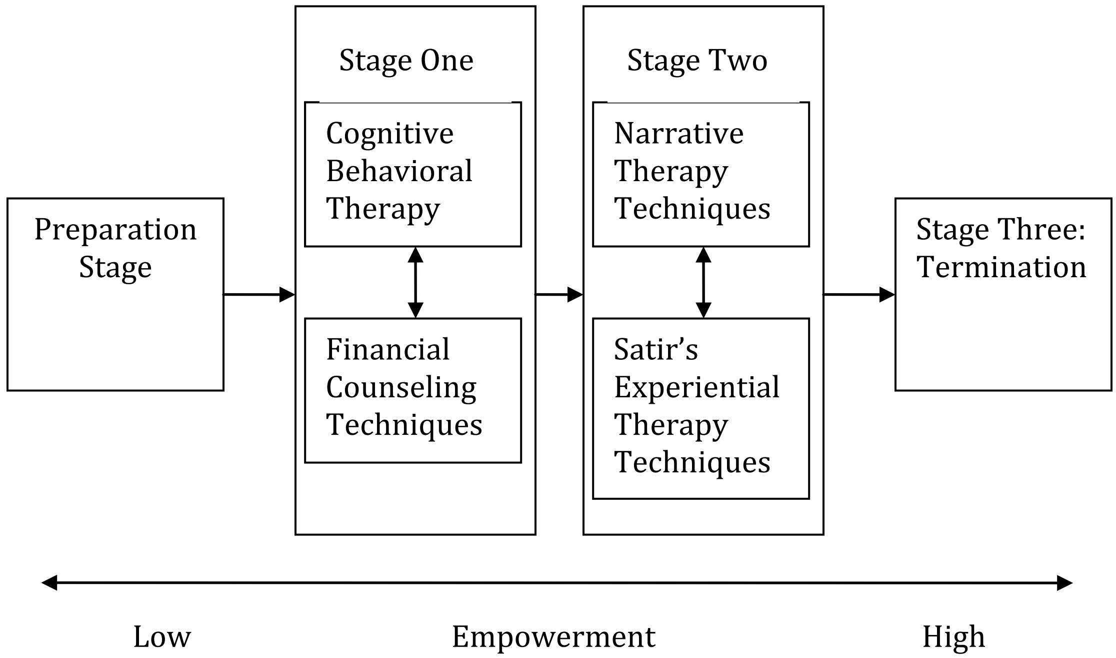
Figure 1
Ford Financial Empowerment Model



INTRODUCTION OF THE CASE STUDY

Josie initially sought financial therapy for assistance with debt repayment, budgeting problems, and issues with over-spending. Josie, a wife and a mother, was 39-years-old. Of Filipino descent, she moved to the United States several years ago to pursue tertiary education at a Midwestern university. She was married to Greg, a 40-year-old native Filipino, and together they had one daughter, who was 8-years-old. Josie had recently received her degree and was gainfully employed. At the time Josie entered into the financial therapy process, the family was working on gaining permanent residency status and her husband was not legally able to work. Greg was invited to attend the financial therapy sessions, but did not attend with Josie.

Josie and her family relied heavily on credit card usage for variable spending and paying monthly bills. She further reported having several major credit cards and various store accounts that she depended on to meet the needs of her immediate family and to also buy clothing, personal items, and gifts for family in the Philippines. Additionally, she expressed her concern about repaying student loans, a car loan, and a family loan. Being the primary breadwinner and having little support, Josie felt a great deal of stress and pressure to improve her family's financial situation.

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PREPARATION STAGE

Prior to entering into the financial therapy process, the financial therapist engaged in an initial consultation session with the client, which is a standard practice at the clinic where the process took place. During an initial consultation, the practitioner and client (a) identify the presenting issue; (b) assess red flags, needs, and goals; (c) determine desire and willingness to change; and (d) determine if the client is a good fit for financial therapy, or if outside referrals need to be made. In this case, during the consultation the financial therapist also assessed whether or not the client met the qualifications to be a part of a research study. To be a part of the research study, the client could not present red flag concerns, such as suicidal ideation or substance abuse issues. The client also could not present severe mental health issues as determined by the OQ.45 and the PHQ-9; both are described in the *Assessment* section of this paper.

Once the initial consultation was completed, the financial therapist could then conceptualize the case and determine how best to work with the client. An important aspect of working with clients is case conceptualization, which allows the financial therapist to make theoretically-based assumptions about potential underlying issues impacting the client. This concept is often referred to as thinking at the *process-level* by mental health clinicians. A process-level consideration in this case was the cultural diversity of the client; thus, a cultural conceptualization section for Josie's case is presented.

Cultural conceptualization. In order to provide appropriate assistance to Josie, it was essential to first try to understand how her cultural background influenced her perceptions and choices around finances, as well as relevant psychosocial factors that might have impeded on her ability to effectively manage her finances. Because of Josie's Filipino background, it was highly probable that her views about finances differed from the general U.S. views about finances. In addition, the citizenship status of her family may have created a sense of "living in limbo," uncertain of the future of her residency and stability, leaving her feeling disempowered.

An exploration of the Filipino culture suggested that it is a unique blend of various cultures, including Malaysian, Spanish, Mexican, Chinese, Southeast Indian, and American, which reflects the country's complex history (Rodell, 2002). Cultural values involve both an honoring of age-old traditions and an acceptance of contemporary lifestyles and trends. Regardless of the evolution in the culture, family is at the core of the Filipino culture. Thus, family relationships that encompass virtues, such as filial piety, obedience, consideration, and kindness, are integral to the culture (Rodell, 2002). Furthermore, roles tend to be gender-specific, where men are expected to assume the role of the primary breadwinner of the family and women are expected to be devoted, caring mothers. However, the roles and contributions of both men and women are valued, respected, and appreciated.

The responsibility of having to not only financially support her husband and daughter, but also her family in the Philippines could explain Josie's lack of empowerment.

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While the American culture is more embracing of women as sole providers for their families, the Filipino culture may hold more traditional expectations. Josie could potentially view her breadwinning role as unconventional, keeping her from fulfilling her more culturally-appropriate role of being a devoted mother. In addition, it was unlikely that Josie had acquired the skills of a breadwinner. The lack of financial management skills, coupled with the need to assume the breadwinner role in her family, could lead to disempowered feelings. A coexisting family stressor might have been the disenfranchisement that her husband, Greg, experienced as a result of his inability to assume the family leadership role that is culturally expected of him. Furthermore, because the United States and the Philippines are capitalist societies, and thus consumer driven, the acquisition of wealth is valued. It was not unreasonable that immigrating to the United States would be synonymous with wealth and success, which could explain Josie's extended family's expectation for financial assistance.

Before beginning work with Josie, it would be necessary to be also mindful of how financial therapy processes can have implications for ethnic minorities and vice versa. It is not uncommon for women within ethnic minority couples to be the ones to seek therapy or any form of professional help outside the family (Thomas & Schwarzbaum, 2006). Further, it is not unusual for men, especially men with more traditional values, to consider talking to a "stranger" about personal family matters as signs of weakness, vulnerability, or incompetence. In addition to Greg's feelings of shame about his inability to provide an income for his family, Greg may have also felt ashamed about Josie seeking financial help outside of the family. Greg's shame could have led Josie to feel that she was truly on her own in trying to resolve the family's financial struggles. Furthermore, financial therapy that promotes new behaviors and creates shifts in relationship dynamics may lead to conflict between couples and should be dealt with in a sensitive manner. As a result, the financial therapist in this case needed to be especially vigilant because therapy included only Josie and not Greg.

In order to best serve clients from diverse culture backgrounds, it would be important that financial therapists have an idea of the value and meaning of personal achievement across cultures. Applying the dimensions of individualism and collectivism (e.g., Singelis & Triandis, 1995) to track the differences in how people view success and achievement is one method used to understand such differences. For example, in the United States that values individualism and hierarchy, success is communicated and displayed, whereas in the Philippines that values collectivism and equal status, there is an overall low espousal to achievement (Cukur, Guzman & Carlo, 2004).

Josie's tendency to adopt new and more westernized ways of managing money may also play a critical role in this case. Paniagua (2005) stressed that acculturation, or "the degree to which an individual has integrated new cultural patterns into his or her original cultural patterns," (p. 9) is one of the variables that must be regarded in the assessment and treatment of culturally-diverse clientele. The models of acculturation that Paniagua outlined include different stages in the acculturation process and also serve as an important element in this specific case. Josie seemed to fit well within the *integration model of acculturation*, which involves the display of behaviors and beliefs found not only in the

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traditional culture, but also in the host, or dominant, culture. This *biculturalism* experience found Josie combining behaviors, beliefs, and values from the Philippines and the United States (Paniagua, 2005). Thus, Josie's current acculturation experience also needed to be considered in financial therapy, as it could help to explain her financial struggle.

Assessments. Within both research and therapy, it is crucial to be able to determine whether or not therapeutic efforts are having an impact. Just as the Ford Financial Empowerment Model is theoretically-informed, it is also important for present financial therapy research to be empirically-based (Archuleta & Grable, 2010). During the preparation stage of therapy, several formal assessments from both traditional mental health and financial disciplines were completed by the client, including the OQ-45.2, the PHQ-9, and a number of individualized rating scales that measure financial stress, satisfaction, behaviors, and knowledge.

The Outcome Questionaire-45.2 (OQ-45.2) had 45 items and assessed a number of different concerns, like depression, anxiety, suicidality, relationship functioning, daily functioning at work/school, and provides a brief understanding of what the client may be struggling with or what factors may be contributing to these issues. It is intended to measure clinical progress and was administered before the start of financial therapy and also after financial therapy ended. The measure's reliability has been found to be excellent with an internal consistency of 0.93 and a test-retest reliability of 0.84. Validity of the OQ-45.2 was good to excellent, with scores ranging between 0.53 and 0.88 (Lambert, Gregersen, & Burlingame, 2004). Total scores range from 0-180, with higher scores indicating more distress. The clinical cutoff score for the OQ-45.2 was 63. A score at or above 63 indicates that the client may benefit from clinical mental health therapy. In this case, the OQ-45.2 was also implemented to help determine whether the client was an appropriate candidate for financial therapy and clinic research. To be a part of the financial therapy study, a client could not score in the clinically-distressed range, 63 or above. Josie scored a 31 on the pre-test assessment and 21 on the post-test assessment, indicating that she benefited from the Ford Financial Empowerment Model.

A second assessment used in this case, the PHQ-9, or the Patient Health Questionnaire, was also useful in determining the client's mental health status and appropriateness for the research study. The PHQ-9 is a 10-item, multi-purpose assessment that is primarily used for screening, diagnosing, monitoring, and measuring the severity of depression (Kroenke, Spitzer, & Williams, 2001). Each item on the assessment used a scale from 0 to 3 to determine how often the client struggles with the various symptoms of depression. PHQ-9 scores of 5, 10, 15, and 20 correspond with mild, moderate, moderately severe, and severe depression. The diagnostic validity of this instrument has been established in numerous studies (Kroenke, Spitzer, & Williams, 2001). To be a part of the research study, clients could not score 15 or above. Josie scored a 3 on the PHQ-9 during both the pre- and post-test assessments. This score implied that there was very little concern of depression-like symptoms.

Financial satisfaction was measured by using a single question similar to the one used by Prawitz, Garman, Sorhaindo, O'Neill, Kim, and Drentea (2006). The single item

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measurement asked, “how satisfied are you with your overall current financial situation?” Scores could range on a 10-point Likert-type scale from 1 to 10, where 1 implies “very dissatisfied” and 10 is associated with “very satisfied.” Josie scored a 6 on the pre-test and a 9 on the post-test. Financial stress was measured using a single item measurement, which asked “What do you feel is the level of your financial stress today?” Josie scored a 7 on the pre-test assessment and a 2 on the post-test assessment.

Subjective financial knowledge was measured using the self-assessed five-item Financial Knowledge Scale (Flynn & Goldsmith, 1999). Please refer to the Flynn and Goldsmith publication for a complete list of items. Responses can range from 1 (nothing) to 5 (a lot), with higher scores reflecting higher levels of financial knowledge. Reliability (α = .91) and validity of the measure has been established in previous literature. Josie scored 20 and 24 on the pre- and post-test, respectively.

Financial behaviors were measured using two different assessment tools: the Responsible Financial Behavior Scale and the Financial Behavior Scale. The Responsible Financial Behavior Scale (Perry & Morris, 2005) is a five-item self-assessment measure that asks about financial behaviors, including controlling spending, paying bills on time, planning for one’s financial future, saving money, and providing for one’s self and family, on a five-point Likert-type scale. Responses range from “poor” to “excellent.” Summated scores could range from 5 to 25 with higher scores reflecting higher levels of responsible financial behavior. Reliability for the scale has been established, α = .83 (Perry & Morris). Five items from the Financial Behavior Scale (Garman, Kim, Kratzer, Brunson, & Joo, 1999) were used to assess current financial behaviors. Items were arranged on a four-point Likert-type scale, ranging from “never” to “always,” with higher scores indicating better financial behaviors. See Garman et al. for examples of items. On the Responsible Financial Behavior Scale, Josie scored 18 on the pre-test and 22 on the post-test. On the Financial Behavior Scale, Josie scored 18 on the pre-test and 21 on the post-test. Both assessments indicated improvement in financial behavior.

STAGE ONE: THE COGNITIVE-BEHAVIORAL FRAMEWORK

Once the Preparation Stage is completed, Stage One can begin. The *cognitive-behavioral model,* as presented in Figure 2, can help clients understand the interactions between thoughts, feelings, and behaviors (Beck, 1976; Wright et al., 2006). For example, how someone *perceives* a given situation can conjure up *feelings* about the situation that in turn inform how they *act* in that situation. How people choose to act can then lead to new feelings pertaining to the situation. The on-going interaction between one’s thought process, feelings, and actions can perpetuate a chain-reaction that can spiral out of control and be disempowering, misinforming one’s choices. In summary, the cognitive-behavioral model can assist in identifying and understanding patterns of disempowered thoughts, feelings, and behaviors that can then inform its restructuring (Beck, 1976; Wright et al., 2006).

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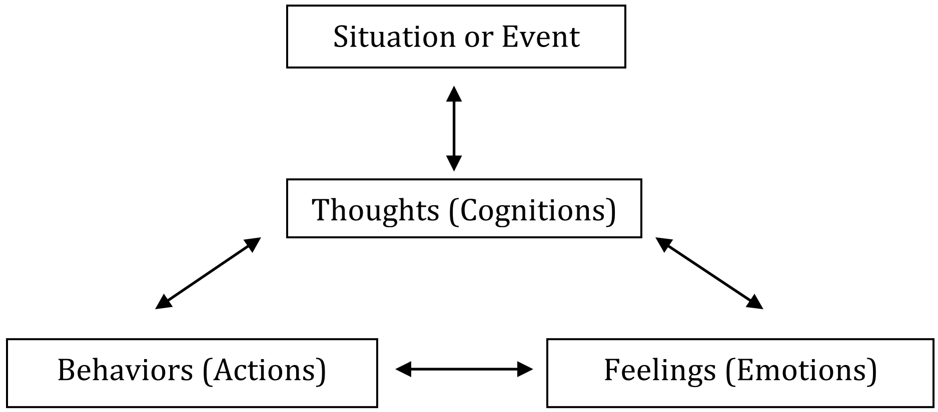
Figure 2
The Cognitive-behavioral therapy model



The cognitive-behavioral model respects clients' views of the problematic situation and offers proactive and concrete interventions to motivate clients. Its interventions are aimed at disrupting patterns of avoidance or helplessness and developing coping skills (Wright et al., 2006). Specific interventions related to cognitive-behavioral practices that can be integrated are *agenda setting*, *thought records*, *homework*, and *self-help reading* (Beck, 1976; Wright et al., 2006). *Agenda setting* is a process in which the events and goals for the session are outlined to help guide and organize the therapy session. Agendas can mimic a "to-do" type list with items that clients cross off as they complete each task. This intervention provides structure to sessions, and thus helps empower clients by instigating feelings of accomplishment. *Thought records* are designed to help clients understand the interplay between thoughts, feelings, and behaviors and examine its legitimacy (Beck, 1976; Wright et al., 2006). These records can be particularly helpful with problem-saturated narratives and unhelpful thought patterns, as it offers clients the opportunity to examine the evidence for and against these thoughts. *Homework* can include a variety of activities from assigned *self-help* readings to important questions for clients to ponder, all of which should help build clients' independence and confidence in their abilities (Wright et al., 2006).

Traditional financial counseling techniques can be seen as cognitive-behavioral-like because they focus on changing behavior through a deliberate process of restructuring thought processes and actions. Elements that are particularly helpful during Stage One include financial education materials and budgeting tools. These interventions can help clients gain knowledge and understanding of financial issues through the practice of "doing," which can restructure one's thought processes in how they view their current behavior, ultimately changing the way they manage their finances.

Although the cognitive-behavioral practitioner is often viewed as the expert, it is important that they work collaboratively with the client (Wright et al., 2006). Collaborative work may be most effective with clients who lack empowerment, as it challenges them to be a vital part of the process, but also helps them to feel supported and encouraged. Collaboration with the financial therapist may also make clients aware of the exceptional

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power they hold in the process of change, as clients can begin to witness their part in therapeutic progress.

Stage One Application. The cognitive-behavioral framework and interventions, including the *cognitive-behavioral model* and *agenda setting*, were used to help Josie process issues of overspending, debt management, and a lack of financial skills and confidence for which she sought financial therapy. Stage One further introduced basic financial counseling techniques, like *education*, *financial goal-setting*, *money tracking activities, budgeting exercises,* and relevant *self-help materials* on money management. This stage took approximately five one-hour sessions.

The *cognitive-behavioral model* intervention essentially explored Josie's thoughts and behaviors about money. By first identifying her cognitive process when thinking about or making decisions about money, Josie was able to better understand how her thoughts about finances influenced her behaviors with money. Thoughts that were irrational or that she realized were inaccurate or unhelpful were then restructured to reflect more accurate ideas. Josie was then coached to use these new thoughts to inform her new behaviors in regards to her finances. For example, at the beginning of financial therapy, Josie seemed to have the recurring irrational thought that in order to be valued and acknowledged in the United States, she needed to spend money. This thought influenced her tendency to overspend. To restructure these ideas about worth, Josie was asked to examine them more closely and decide whether there was evidence to help support her thoughts. With the financial therapist's help, Josie was able to see how some of her thoughts about money were flawed. It is likely that Josie discovered that there are other possible ways to be valued and worthy within American society, in turn disrupting her irrational thought process.

Agenda setting was included in every session and helped to introduce the plan for the session. This intervention gives the session a certain amount of structure and made Josie feel that she had accomplished something during the sessions. The *agenda* for Josie typically outlined the points to be discussed within each session, such as evaluating her money tracker sheets or budgeting, and also highlighted the tasks that were to be completed before the next session.

At the beginning of Stage One, Josie was instructed to outline *financial goals*, both short-term and long-term. The therapist worked with Josie to help establish appropriate and manageable goals for the process. Immediate goals for Josie were to learn budgeting techniques and to better control her spending. Long-term goals were saving for her daughter's college tuition and saving to buy a home. Financial goal-setting helped Josie and the financial therapist to create a plan for the financial therapy process and also helped to identify areas in which Josie sought to improve.

Financial education in financial therapy is also quite important. In various instances, the financial therapist may be responsible for educating clients on how to do something financially-related, as many have not been taught financial skills or been introduced to these concepts. In Josie's case, financial education was provided through teaching basic financial skills, like checking her credit report and creating and building and maintaining a

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budget early in Stage One. Within the first session, the financial therapist helped Josie access her credit report. Before the next session, Josie was instructed to examine her credit report, looking for errors and areas of concern. After this exercise, it became apparent that Josie was relying heavily on credit to pay monthly expenses, variable and fixed, which facilitated her tendency to overspend. She carried balances on the majority of her cards, many with high interest rates. Financial education was necessary in this case to help Josie understand her use of credit and to introduce her to strategies and information on how to pay down her debt.

During Stage One, Josie was also given *self-help reading materials*, *budgeting tools*, and *handouts*. These interventions helped her to gain more knowledge and understanding of financial issues related to overspending and debt management. For instance, Josie was provided helpful resources and handouts on ways to save money, proper credit card usage, and debt repayment strategies. As part of this, the *money tracker* tool was introduced to help her record and evaluate variable expenses (Archuleta, Maddux, & Britt, 2004). The *money tracker* is a financial therapy budgeting tool that assisted Josie in tracking her variable expenses, day by day, throughout the week. She was instructed to record any daily expenses that were not fixed during the month. Thus, she was asked to track her spending on items like groceries, clothing/personal items, and gasoline. After two full weeks of tracking her expenses, Josie and the therapist broke her expenses down into more manageable expense categories, such as "food," "transportation," "gifts," and "entertainment." After four full weeks of tracking expenses, the totals of the categories were added up and used to help Josie create a budget and to identify areas where she wanted to cut spending. Josie determined that the areas she wanted to cut back included food, personal items, and clothing. This intervention not only assisted her in creating an appropriate budget through tracking and categorizing her variable expenses, but also kept her conscious and accountable for her spending behaviors.

To remedy the credit card debt and weaken her dependence on credit cards during the month, Josie was introduced to the commonly-used "snowball method." With the help of the financial therapist, Josie designed a plan where she paid down the balances of her credit cards by first paying more than the minimum balance on the card with the smallest balance, while continuing to pay the minimum balance on all remaining cards. Once the card with the smallest balance was paid off, she focused on paying more than the minimum balance on the credit card with the second smallest balance by using the money she applied to the first card, plus the amount she was already paying on the second card. She was to continue the process for each card she held until they were all paid off. The Microsoft Excel spreadsheet that the client used to record the family expenses and budget each month was used to help Josie track these credit card payments.

Most important to the FFEM Model was the collaboration between the financial therapist and Josie to help her learn to be financially responsible, be confident in her financial abilities, and feel empowered to carry the skills into the future. Collaboration was achieved by Josie and the financial therapist through developing a trusting client-practitioner relationship, jointly setting goals for financial therapy, the financial therapist providing information when needed, and also providing a place for Josie to share

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challenges, set backs, and accomplishments.

STAGE TWO: INTEGRATING NARRATIVE AND EXPERIENTIAL TECHNIQUES

Narrative therapy. Narrative therapy has its roots in social constructionism. The social constructionist viewpoint is that society, the environment, and the people who surround us have a strong influence over our beliefs, attitudes, and behaviors (Freedman & Combs, 1996; White & Epson, 1990). Narrative therapy's principles of freedom and flexibility of preferred realities and narratives allow clients to construct stories about their lives that are relevant and meaningful to them. Building a new and preferred story encourages clients to reexamine their problems and conceptualize them in a way in which they are no longer problematic or pathological (Freedman & Combs).

To rebuild the client's stories, the practitioner and client engage in the process of *co-construction*, in which they work together to construct a narrative that benefits the client. In order to form these new narratives, helping professionals can use the *deconstructive listening* interventions within narrative therapy, which may help them to listen to clients in a different, more precise way (Freedman & Combs, 1996). The process of deconstructive listening opens up space in the therapy process for pieces of clients' narratives that have not yet been storied (Freedman & Combs, 1996; White & Epson, 1990). Through these *listening interventions*, clients come to understand that their stories are important and that they are heard. Users of narrative therapy attempt to listen *for* certain things, such as *sparkling moments*, *unique outcomes*, and *story openings* that can help the client or client system to feel more empowered (Freedman & Combs, 1996; White & Epson, 1990). *Sparkling moments* and *unique outcomes* are events or instances that are exceptional and may not have been originally predicted in the client's problem-saturated narrative. These distinctive moments and outcomes can become *story openings*, an element the helping professional and client use to begin constructing new stories and preferred experiences.

Thoughtful and well-crafted *therapeutic questions* have the potential to open up conversation, challenge clients, and provoke deeper thought. The narrative model creates space for story growth and development through the intervention of *active, open questioning*. Such questions can be used to generate the preferred experiences and stories of clients by lingering longer and challenging the client to think more deeply (Freedman & Combs, 1996; White & Epson, 1990). *Landscape of action* and *landscape of meaning* questions can further facilitate the depth and breadth of stories. *Landscape of action* questions facilitate story development through examining the process and details of the narrative, whereas *landscape of meaning* questions open up conversation around the implications, meanings, motivations, goals, and beliefs within the story (White & Epson, 1990; Freedman & Combs, 1996). The utilization of these questions helps clients explore new stories to a greater depth and makes their new narratives come alive.

Lastly, one of the key narrative interventions is the process of *externalization*, or helping the client to recognize that the problem they are facing is external to them (Freedman & Combs, 1996; White & Epson, 1990). In other words, neither the client, nor any part of the client, is the problem. Externalizing the problem allows the client to see it as separate from their sense of self or identity, making the problem more manageable and

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easier to confront (Freedman & Combs, 1996; White & Epson, 1990).

***Virginia Satir's experiential therapy*.** Virginia Satir believed that healthy relationships involve open and reciprocal sharing of feelings and emotions (Nichols & Schwartz, 2007). Clients are further seen as naturally resourceful, possessing energy, creativity, and power. Helping professionals working from an experiential approach believe that "the way to emotional health is to uncover deeper levels of experiencing" (Nichols & Schwartz, 2007, p. 152). These professionals are encouraged to listen, support, and create empowering experiences in sessions to allow clients to fully embrace their innate sense of strength. Experiential interventions expand clients' understanding of emotions and feelings, allowing them to have a deeper understanding of themselves, which in turn can lead to more permanent change (Satir, 1972; Satir & Baldwin, 1983). Satir's *Personal Iceberg Metaphor*, seen in Figure 3, (Satir, 1972; Satir & Baldwin, 1983; Satir, Banmen, Gerberm, & Gomori, 1991) is replicated and adapted for use in Financial Therapy, and specifically within the Ford Financial Empowerment Model. The *Iceberg* is a tool that can help deepen clients' understanding of their emotions and feelings surrounding their lack of personal empowerment.

The *Iceberg* visual also demonstrates that only a small part of the client is made visible to others. Most of who the client is tends to be hidden, or under the surface. Satir encourages the exploration of the core, or *the Self*, that involves deep exploration of feelings and emotions that lie "beneath the surface" (Satir, 1972; Satir & Baldwin, 1983). It is possible that in order for people to function healthily in relationships with themselves, others, and their environments, they must have a good understanding of themselves, their needs, wants, expectations, and core feelings. Work in this area would entail uncovering each layer of the client's 'iceberg' that is not readily visible, with the intention of helping the client discover how their problem is related to who they are as a person. For instance, financial issues may be linked to the client's religious or moral values that are integral to the client's identity. Understanding the problem from this perspective can help clients make better sense of the problems and find ways to better manage them.

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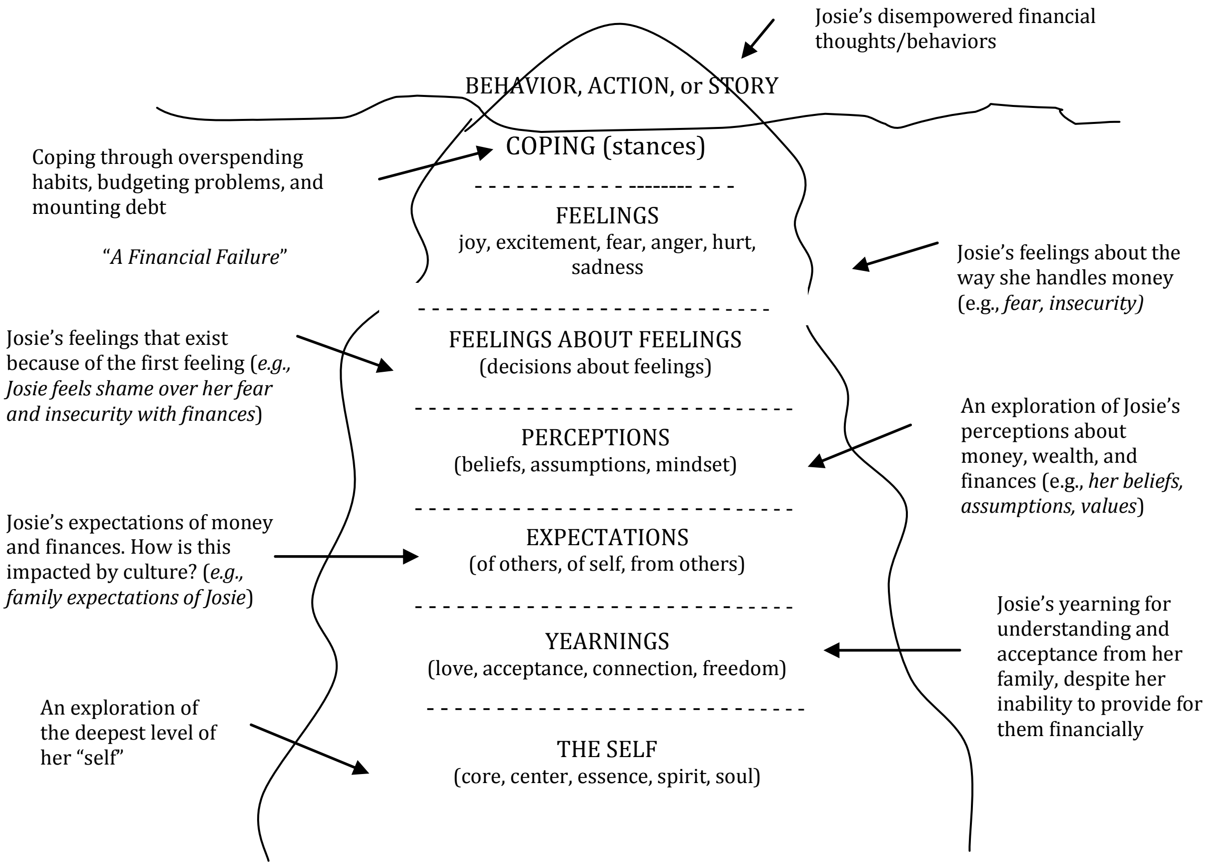
Figure 3
Satir's Personal Iceberg Metaphor applied to Financial Therapy



Satir, V., Banmen, J., Gerberm J. & Gomori, M. (1991). *The Satir Model: Family Therapy and Beyond*. Palo Alto, CA: Science & Behavior Books.

Stage Two Application. After Josie had made improvements on the most pressing issues pertaining to her financial situation, financial therapy shifted to a deeper exploration of her stories, beliefs, values, and expectations about finances. This process was achieved with the use of *narrative and experiential* techniques that were aimed at stimulating further understanding and inspiring more long-lasting change. The narrative framework helped Josie discover and develop personal empowerment. *Well-constructed questions* and *deconstructive listening techniques* were used to explore the meaning of money, such as "Have you ever thought about what money represents to you?" or "What might you want money to mean from this point forward?" Deconstructive listening was vital in discovering and listening for moments when Josie indicated her desire for a new story and new money meanings. Through this technique, the financial therapist was able listen for what the client might like her new financial story to look like based upon the answers she gave. This process elicited Josie's *spending story* that illustrated her money behavior tendencies. It revealed what it *meant* for Josie to have possessions and material things. A theme that evolved from Josie's spending story was that acquiring material possessions and spending "like an American" was one way that she used to integrate herself and her family into

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American culture. Spending appeared to help her feel normal, included, and valued by society.

The process of co-constructing the new story began with externalizing her initial story that was saturated with the idea that she needed to spend to be valued in the United States. Rather than the need to spend being *her* problem, externalizing it as a societal problem distanced her from *the problem,* giving her more room to respond to this societal expectation. Externalizing the problem and not viewing it as Josie's *spending personality* or *irresponsible personality* helped give Josie more options to respond to the problem. Prior to externalizing the problem, Josie felt invaded by this negative view and internalized it as a defect or weakness within herself.

The process of externalization helped Josie gain a new perspective about the problem. Seeing that the problem does not define who she is allowed her to discover that she had more control over her finances than she originally thought. This intervention helped Josie to understand that her spending behaviors may be a form of coping with feeling different and feeling the need to acculturate, which led her to her financial problems. It has long been fashionable in the U.S. to "keep up with the Joneses," a saying that refers to the need to match one's neighbors in spending and social standing and that was made popular by Arthur Momand in 1913. The need to do so often suggests spending beyond one's means, as was the case for Josie. Creating a new view of the issue or story (i.e., as her attempt to fit in to the American culture) was then used to assist Josie in identifying ways in which she had already been responsible and in control, including her role as financial breadwinner in her immediate family, and to some extent, her family of origin. Her responsible self was used to empower Josie to make choices that reflected her true self, rather than to allow her actions to be dictated by a problem that was external to her.

The next stage was aimed at facilitating permanent changes by processing in more depth the underlying meaning of Josie's financial woes. Satir's experiential therapy was used to further deconstruct and understand Josie's story of herself as an irresponsible, uncaring person as she struggled to financially support her immediate and extended family. It appeared that she worried about her family's expectations of her and wanted her family to be proud of her. Thus, it was important to explore Josie's personal and family's expectations as it pertained to issues of loyalty and other culturally-informed expectations.

Satir's *Personal Iceberg Metaphor applied to Financial Therapy* (see Figure 3) is a visual illustration of the layered approach to therapeutic exploration that was used to better understand Josie's "core self" and how it informed the way she handled finances. The ultimate goal of the process was to discover how Josie's spending fulfilled her as a person, how she defined her worth as a person through her finances and spending habits, and how her culture influenced her relationship with money. Beginning with the water line in the *Personal Iceberg Metaphor,* Josie's financially-related *problematic behaviors* were identified as over-spending habits and poor budgeting, which led to mounting debt. These behaviors were essentially Josie's way of coping with underlying feelings pertaining to finances. In order to uncover the *true* problem, akin to peeling an onion, the layers of the onion needed to be peeled back to uncover underlying feelings that supported the problematic behaviors.

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The first step entailed understanding what was communicated by the problem behaviors and asking, "What were you communicating to others when you overspent and broke your budget?" This intervention essentially revealed what Josie was trying to cope with by overspending.

The next layer was to uncover Josie's *feelings* about the way in which she handled money by asking, "How do you feel about your overspending?" Josie expressed feeling sad, angry, fearful and insecure, which were explored with the financial therapist to uncover deeper feelings and emotions associated with more *surface*-type feelings. For example, Josie felt ashamed about feeling fearful and insecure about money and finances. Then, the financial therapist explored Josie's feelings of shame about feeling fearful and insecure. This included beliefs and assumptions about money, wealth, and income that may have contributed to her feeling ashamed. The *exploration of her perceptions* involved questions and discussions surrounding her beliefs and values about money. For example, Josie believed that wealth reflected competence, status, and power.

The next layer that was explored was Josie's *expectations* of herself, of others, and how she perceived how others viewed her in regards to money and her over-spending habits. At this point, it was appropriate to talk about the Filipino culture's expectations of money. This involved discussing how her family-of-origin, including her parents and family, expected her to view money. Additionally, how she learned to view money in the Philippines and how her bicultural identity influenced her expectations about money was crucial in facilitating Josie's understanding of how she formed her own expectations about money.

The process of exploring expectations led to identifying *what Josie yearned for* from her family - understanding and love - of which she tried to earn by financially providing for her family beyond her means, leading to her overspending and debt. The next step entailed exploring how Josie could express her yearnings differently to her family or how Josie could feel loved by her family despite her inability to provide financial support. The final step, using the iceberg metaphor, involved leading Josie to the deepest level of her *self*, exploring the source of her personal energy and to use that to feel empowered and advocate for her needs.

Although each stage of the iceberg might appear as a separate process, relationships exist between the stages. For instance, expectations and feelings, or perceptions and feelings, are acknowledged and explored. The goal of the financial therapy process was to help Josie ultimately make changes that could help alleviate her need to overspend and carry such heavy debts. Financial therapy led to exploring the hidden motivations and the core feelings and uncertainties that fueled the cycle of disempowerment Josie was experiencing. This leads to posing some of the following questions to Josie: "What would it be like for her to ask for help from her family? What would she need to be able to ask that her family considers her situation and not demand assistance from her? What is holding her back from believing that she deserves to be cared for by her family? What does she need to feel permitted to care for herself?" Throughout this entire process, it was important to help Josie feel empowered, whereby she developed the strength to voice her needs, while respecting her cultural needs to satisfy the expectations of her familial role.

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STAGE THREE: TERMINATION

Sensing when the client may be ready for termination is an important part of the last stage of financial therapy. As the client approaches Stage Three, the financial therapist may see the client taking on a more active role in the process, relying on the financial therapist less to accomplish goals. Clients can seem more confident, more positive, and more empowered. It is also very possible that clients will verbalize their intentions to become independent of professional help in the near future. Furthermore, consistently distributing assessment instruments that measure the areas of financial stress, satisfaction, and well-being may help to indicate when the client is possibly ready for termination.

In Josie's case, she continued to demonstrate greater independence week by week, both in her financial assignments and tasks and through her understanding of the issues she faced. Josie's financial self-assessment scores showed that she felt she had improved her skills and lessened her feelings of financial stress and worry. Toward the end of the process, Josie also demonstrated her readiness for termination through an increase in responsible spending habits and a decrease in more impulsive spending behaviors. Overall, Josie showed that she felt more empowered financially by becoming more proactive in her debt repayment efforts, sticking to her monthly budget plan, and conveying pride in her financial achievements.

DISCUSSION

Cognitive-behavioral, narrative, and experiential therapy models can work together, each one expanding on the other to help facilitate empowerment. Exploring thoughts and cognitions first with clients can lead into the development of new narratives and stories, evoking new feelings and thoughts. Diving deeper into these new ways of thinking and feeling can expand the client's understanding of themselves and their experiences. The strategy behind this particular order comes from the intention to have clients explore different levels of themselves in financial therapy, beginning with an examination of surface-level issues with the cognitive-behavioral model, then transitioning down another layer into new feelings and stories with the narrative therapy model, and finally delving down another level into the discovery of the self and the core of the individual or family, using experiential interventions.

The Ford Financial Empowerment Model is just one of many approaches that can be used in working with clients experiencing financial empowerment issues. Given the limited number of theoretically-informed approaches to working with financial issues, this model provides a unique contribution to the field of financial therapy. While the FFEM model specifically looks at empowerment in financial therapy, there is reason to believe that the model is flexible and broad enough to be applied to other issues related to finances. A training manual and session guide on the Ford Financial Empowerment Model may be developed in the future for practitioners, educators, and other professionals.

This paper presented a case study to demonstrate how this integrative model of

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empowerment can be utilized in financial therapy and provided improvement in client assessment scores to demonstrate effectiveness for this particular case. However, clinical research should be conducted on this model to show empirically-based evidence for a larger sample. Both academics and financial therapists can benefit from such research to further develop theoretically-informed approaches to working with clients and the efficacy of financial therapy.

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